FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT.

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000022750 (0)**1. Corporation Name

MCHALLAH CONSULTING INC

FILED Mar 15 1996 8:00 am Secretary of State

- 1 		

Principal Place of Business Mailing Address							
600 OCEAN DR. SOUTH 600 OCEAN D MIAMI BEACH FL 33139 MIAMI BEACH							
					3. Date Incorporated or Qualified 03/21/1995	3a. Date of Las	st Report
2. Principa' f 21	Place of Business	2a. Mailing Addres	s		4. FEI Number 056584	2	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, 6	elc.		5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & Sta	ite	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zφ	Country	Zp	Cour	itry	8. This corporation has liability for in		ers 199.032,
24	[25]	29	30		Florida Statutes Yes		
	9. Name and Address of Curr	rent Hegistered Agent		B1 Name	10. Name and Address of New Re	egistered Agent	
				Name			
	LLAH, TALAL Cean dr. South		<u></u>	82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)	
MIAMI	BEACH FL 33139		1	B3			· · · · · · · · · · · · · · · · · · ·
			Ī	B4 City		FL 85	Zip Code
or registe	ereo agent or both, in the State of Fil with, and accept the obligations of, Se	orida. Such change was au ection 607.0505, Florida St	ithorized by the c	e-named corpo orporation's boa	ration submits this statement for the purp ard of directors. I hereby accept the appo	ose or changing intment as registe	its registered office pred agent. I am
12.	Standard typical or protect material registered as	est and the happinable	(NOTE Registered /	igani signatura naquin	art when reinstating: ADDITIONS/CHANGES TO OFFIC	DATE	TODO ILLAC
TITLE	D	DELET		<u> </u>	ADDITIONS/CHANGES TO OFFIC	JERIS AIND DIREC	
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City St-ZiF			CACIT	r-ST-ZIP			

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. Intat I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block (3 if change), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND HALO OR PRINTED NAME OF STONING OFFICER OR DIRECT

3/09/96 531-0021

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